



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E266744**

| | | |
|--------------------------------------|---|--|
| INTERSTATE <input type="checkbox"/> | CITY STREET <input type="checkbox"/> | FIRE RESULTED <input type="checkbox"/> |
| STATE ROUTE <input type="checkbox"/> | OTHER <input type="checkbox"/> | STOLEN VEHICLE <input type="checkbox"/> |
| COUNTY RD <input type="checkbox"/> | PRIVATE WAY <input checked="" type="checkbox"/> | HIT & RUN INVOLVED <input checked="" type="checkbox"/> |

| |
|--------------------|
| TRIBAL RESERVATION |
|--------------------|

| | |
|---------------------|----------|
| CASE # | 13-02164 |
| LOCAL AGENCY CODING | 0664 |
| TOTAL # OF UNITS | 02 |
| OBJECT STRUCK | |

| | | | | | | | | | | | | | | | | |
|-------------------|----|---|----|---|------|-------------|------|----------|----|-------|--|---|---|----|----|------|
| DATE OF COLLISION | 08 | - | 30 | - | 2013 | TIME (2400) | 1500 | COUNTY # | 31 | MILES | | N | E | IN | OF | 0664 |
|-------------------|----|---|----|---|------|-------------|------|----------|----|-------|--|---|---|----|----|------|

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒

| | | |
|-----------|-----------|------|
| 99 AVE NE | BLOCK NO. | 3411 |
|-----------|-----------|------|

| | | | | | | | |
|----------|----|----|-------|---|---|--------------------------------|-----------|
| DISTANCE | 30 | 00 | MILES | N | E | OF (REFERENCE OR CROSS STREET) | 99 AVE NE |
|----------|----|----|-------|---|---|--------------------------------|-----------|

| | | | | | | |
|---------|---|--------------------------------------|----------------------|-----|----|-------|
| UNIT 01 | MOTOR VEHICLE <input checked="" type="checkbox"/> | PEDAL CYCLE <input type="checkbox"/> | DAMAGE THRESHOLD MET | YES | NO | PHONE |
|---------|---|--------------------------------------|----------------------|-----|----|-------|

| | | | |
|-----------|---------|------------|----------------|
| LAST NAME | UNKNOWN | FIRST NAME | MIDDLE INITIAL |
|-----------|---------|------------|----------------|

| | |
|--------|-------------|
| STREET | NEW ADDRESS |
|--------|-------------|

| | | |
|------|----|-----|
| CITY | ST | ZIP |
|------|----|-----|

| | | |
|-----|--------------|--------------|
| CDL | RESTRICTIONS | ENDORSEMENTS |
|-----|--------------|--------------|

| | | | | | |
|--------------------|-------|-----|---|--------|----------|
| DRIVER'S LICENSE # | STATE | SEX | U | D.O.B. | MMDDYYYY |
|--------------------|-------|-----|---|--------|----------|

| | | | | | | | | | | | | |
|---------|--------|--------|---|--------|---|-------|---|------------|---|--------------|---|--------------------|
| ON DUTY | STATUS | AIRBAG | 9 | RESTR. | 9 | EJECT | 9 | HELMET USE | 9 | INJURY CLASS | 0 | NATURE OF INJURIES |
|---------|--------|--------|---|--------|---|-------|---|------------|---|--------------|---|--------------------|

| | | | |
|-----------------|---------|-------|------|
| LICENSE PLATE # | UNKNOWN | STATE | VIN# |
|-----------------|---------|-------|------|

| | | | |
|-----------------|-------|-----------------|-------|
| TRAILER PLATE # | STATE | TRAILER PLATE # | STATE |
|-----------------|-------|-----------------|-------|

| | | | | | | | | | | | | | |
|-----------|------|------|-------|-------|-------|----|---------------|-----|----|----------|---------------|-----|----|
| VEH. YEAR | MAKE | UNKN | MODEL | UNKNO | STYLE | UT | VEHICLE TOWED | YES | NO | TOWED BY | GOVT. VEHICLE | YES | NO |
|-----------|------|------|-------|-------|-------|----|---------------|-----|----|----------|---------------|-----|----|

REGISTERED OWNER INFO.

| | | |
|---------------------|-----------|-------------------------|
| LIABILITY INSURANCE | IN EFFECT | INSURANCE CO & POLICY # |
|---------------------|-----------|-------------------------|

| | | | | |
|---------------|-----|----|------------|--------|
| VEHICLE LEASE | YES | NO | CITATION # | CHARGE |
|---------------|-----|----|------------|--------|

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|---------|---|--------------------------------------|-------------------------------------|---|----------------------|-----|----|-------|
| UNIT 02 | MOTOR VEHICLE <input checked="" type="checkbox"/> | PEDAL CYCLE <input type="checkbox"/> | PEDESTRIAN <input type="checkbox"/> | PROPERTY OWNER <input type="checkbox"/> | DAMAGE THRESHOLD MET | YES | NO | PHONE |
|---------|---|--------------------------------------|-------------------------------------|---|----------------------|-----|----|-------|

| | | | |
|-----------|---------|------------|----------------|
| LAST NAME | UNKNOWN | FIRST NAME | MIDDLE INITIAL |
|-----------|---------|------------|----------------|

| | |
|--------|-------------|
| STREET | NEW ADDRESS |
|--------|-------------|

| | | |
|------|----|-----|
| CITY | ST | ZIP |
|------|----|-----|

| | | |
|-----|--------------|--------------|
| CDL | RESTRICTIONS | ENDORSEMENTS |
|-----|--------------|--------------|

| | | | | | |
|--------------------|-------|-----|---|--------|----------|
| DRIVER'S LICENSE # | STATE | SEX | U | D.O.B. | MMDDYYYY |
|--------------------|-------|-----|---|--------|----------|

| | | | | | | | | | | | | |
|---------|--------|--------|---|--------|---|-------|---|------------|---|--------------|---|--------------------|
| ON DUTY | STATUS | AIRBAG | 9 | RESTR. | 9 | EJECT | 9 | HELMET USE | 9 | INJURY CLASS | 0 | NATURE OF INJURIES |
|---------|--------|--------|---|--------|---|-------|---|------------|---|--------------|---|--------------------|

| | | | | |
|-----------------|--------|-------|----|------|
| LICENSE PLATE # | 938VQN | STATE | WA | VIN# |
|-----------------|--------|-------|----|------|

| | | | |
|-----------------|-------|-----------------|-------|
| TRAILER PLATE # | STATE | TRAILER PLATE # | STATE |
|-----------------|-------|-----------------|-------|

| | | | | | | | | | | | | | | |
|-----------|------|------|------|-------|-----|-------|----|---------------|-----|----|----------|---------------|-----|----|
| VEH. YEAR | 2006 | MAKE | HOND | MODEL | CRV | STYLE | UT | VEHICLE TOWED | YES | NO | TOWED BY | GOVT. VEHICLE | YES | NO |
|-----------|------|------|------|-------|-----|-------|----|---------------|-----|----|----------|---------------|-----|----|

REGISTERED OWNER INFO. CHRISTIANE TRUETT 15115 63RD DR SE SNOHOMISH WA 98296 D: 4253875198

| | | | |
|---------------------|-----------|-------------------------|---------|
| LIABILITY INSURANCE | IN EFFECT | INSURANCE CO & POLICY # | UNKNOWN |
|---------------------|-----------|-------------------------|---------|

| | | | | |
|---------------|-----|----|------------|--------|
| VEHICLE LEASE | YES | NO | CITATION # | CHARGE |
|---------------|-----|----|------------|--------|

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|------------------------|--------------|---------------|-----|--------|-----------|
| OFFICER'S NAME (PRINT) | ROBERT MINER | BADGE OR ID # | 095 | AGENCY | WA0311900 |
|------------------------|--------------|---------------|-----|--------|-----------|



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E266744**

CASE # **13-02164**

| ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY) | | | | | | | | | | | |
|--|----------------------------------|--------|-----------|--------|--------|-------|------------|--------------|--------------------|--|--|
| NAME (LAST, FIRST, MIDDLE INITIAL) | | | | | | | | | | | |
| ADDRESS & PHONE # | | | | | | | | | | | |
| SEX <input type="checkbox"/> D.O.B. MMDDYYYY | | | | | | | | | | | |
| PASSENGER <input type="checkbox"/> | WITNESS <input type="checkbox"/> | UNIT # | SEAT POS. | AIRBAG | RESTR. | EJECT | HELMET USE | INJURY CLASS | NATURE OF INJURIES | | |
| NAME (LAST, FIRST, MIDDLE INITIAL) | | | | | | | | | | | |
| ADDRESS & PHONE # | | | | | | | | | | | |
| SEX <input type="checkbox"/> D.O.B. MMDDYYYY | | | | | | | | | | | |
| PASSENGER <input type="checkbox"/> | WITNESS <input type="checkbox"/> | UNIT # | SEAT POS. | AIRBAG | RESTR. | EJECT | HELMET USE | INJURY CLASS | NATURE OF INJURIES | | |
| NAME (LAST, FIRST, MIDDLE INITIAL) | | | | | | | | | | | |
| ADDRESS & PHONE # | | | | | | | | | | | |
| SEX <input type="checkbox"/> D.O.B. MMDDYYYY | | | | | | | | | | | |
| PASSENGER <input type="checkbox"/> | WITNESS <input type="checkbox"/> | UNIT # | SEAT POS. | AIRBAG | RESTR. | EJECT | HELMET USE | INJURY CLASS | NATURE OF INJURIES | | |

NARRATIVE

Owner of Unit #2 called in over the phone to report a cold hit and run at Sunnycrest Elementry School parking lot. She was now calling from hime in teh city of Snohomish. She stated she went to work at the school at around 1030 hours. she came out to her car at around 1800 hours and foudn her car damaged. Seh said it appears as if another vehicle hit hers while it was in the parking lot. The driver's door has abot a 12 inch in length dent, but not very deep. the rear driver's side rear door has a small amount of what appears to be yello paint transfer. there are no witness to incident. Owner Unit 2 requesting a case report for insurance purposes. I did not observe the damage to the vehicle.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

ROBERT MINER

08-31-13 01:51 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

ROBERT MINER 095

8/31/2013 1:52:04 AM

BADGE OR ID # **095**

ORI # **WA0311900**

TIME POLICE DISPATCHED **10:54 PM**

TIME POLICE ARRIVED **10:56 PM**

NO WITNESS, NO ONE KNOWS HOW THIS OCCURED
Parking Lot of Sunnycrest ES

Incident History for: #SS13019420

Case Numbers: \$SS13002164

Received 08/30/13 22:54:28 BY SPCT01 SP0348

Entered 08/30/13 22:56:14 BY SPCT01 SP0348

Dispatched 08/30/13 22:56:55 BY SPDP17 SP0327

Enroute 08/30/13 22:56:55

Initial Type: ACC Initial Alarm Level: Final Alarm Level:

Final Type: ACC (ACCIDENT, NON-INJURY OR UNKNOWN) Pri: 3 Dispo:

Police BLK: SS001E Fire BLK: AG1719 Map Page: 377F-4 Group: SS1 Beat: NORT

Src: 9

Loc: 3411 99 AV NE , LKS -- SUNNYCREST ES btwn 30 ST NE & SR 92 (V)

Latitude: (+) 47.860554 Longitude: (-) 122.146983

Loc Info:

Name: TRUETT, CHRISTIANE Addr: 15115 63 DR SE, SNO Phone: 4253875198

/2256 (SP0348) ENTRY , PH, COLD, NS , H&R TO RPS PARKED VEH

/2256 (SP0327) DISPER SS1913 #SS95 MINER, SGT (ROBERT)

/2256 PISEEN

/2308 ASNCAS SS1913 \$SS13002164